

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 097155642	FILING DATE				
							APPLICANT(S)					
							CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1			1				51					
2				1			52					
3					1		53					
4					1		54					
5					1		55					
6					1		56					
7					1		57					
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42					1		92					
43					1		93					
44					1		94					
45					1		95					
46					1		96					
47					1		97					
48					1		98					
49					1		99					
50					1		100					
TOTAL IND.			1				TOTAL IND.					
TOTAL DEP.			28				TOTAL DEP.					
TOTAL CLAIMS			29				TOTAL CLAIMS					